

Expense Estimation Worksheet

Out-of-Pocket Health Care Expenses: Please review your past and expected expenses not covered by insurance ("uninsured" health care expenses) and complete the worksheet below. For more information on eligible and ineligible expenses, refer to the "List of Common Health Care Expenses" available on our web site. Estimate "uninsured" health care costs per year for you, your legal spouse and eligible dependents:

Childbirth (portion not covered by insurance)	\$ _____
Chiropractor/Acupuncture	\$ _____
Co-payments and Deductibles	\$ _____
Dental care expenses (routine checkups, fillings, etc)	\$ _____
Fees to doctors, hospitals (not covered by insurance)	\$ _____
Hearing aids (including batteries)	\$ _____
In vitro fertilization	\$ _____
Lasik/RK Surgery	\$ _____
Orthodontics (for services incurred within the plan year)	\$ _____
Over-the counter drugs specifically for pain relief, stomach conditions, allergy treatment, or cough/cold/flu treatment	\$ _____
Oxygen equipment	\$ _____
Physical Therapy	\$ _____
Prescriptions (including birth control)	\$ _____
Psychiatric therapy, psychological treatments	\$ _____
Routine Exams (OB-GYN, Physicals, etc.)	\$ _____
Special instructions for the deaf and blind	\$ _____
Support or corrective devices (i.e., orthopedic shoes)	\$ _____
Therapeutic Care for Drug/Alcohol Addiction	\$ _____
Transportation to receive health care	\$ _____
Vaccinations	\$ _____
Vision care (prescription eyeglasses, contact lenses and solution, etc.)	\$ _____
Other Medical Expenses	\$ _____
<u>ANNUAL TOTAL</u>	\$ _____

Dependent Care Expenses: The Dependent Care FSA lets you use *tax-free* dollars to pay for child and elder day care expenses that enable you *and* your spouse to work or attend school full-time. Estimate your eligible Dependent Care Costs:

Monthly	\$ _____
<u>ANNUAL TOTAL</u>	\$ _____